

Mental Health Commission Meeting
Minutes of Meeting held on 18 June 2020
Held by way of MS Teams
10.30am - 13.50pm

Commission Members	Initials
John Saunders	JS
Rowena Mulcahy	RM
Dr Michael Drumm	MD
Tómas Murphy	TM
Nicola Byrne	NB
Ned Kelly	NK
Dr Margo Wrigley	MW
Jack Nagle	JN
Dr Xavier Flanagan	XF
Patrick Lynch	PL

Apologies	Initials
Colette Nolan	CN

Executive in Attendance	Initials
John Farrelly, Chief Executive	JF
Orla Keane, Secretary to the Commission, Head of Legal / Division Lead for MHT	OK
Rosemary Smyth, Director of Standards and Quality Division	RS
Simon Murtagh, Chief Operations Officer	SM
Áine Flynn, Director DSS	AF
David Williams, Senior Communications Manager	DW
James Skelly, Paralegal	JMS

No.	Matter	Action Required By
1	Declarations of Interests – To be signed and returned by email. One issue was raised which is referred to below.	OK
2	Minutes of the May Meeting - It was agreed to defer approval to the July meeting to allow certain amendments to be made.	OK
3	Chairman's Business 1. The IPA report on Board Effectiveness was discussed and agreed. Decision 15 of 2020 PL Proposed and MD seconded.	

	<p>PL recommended that a dashboard displaying all of the key KPIs¹ on a single page be provided to the Commission. The dashboard would be updated monthly and enable members compare targets with what was actually achieved. There was agreement that this could be done without altering the Plan of Action. The CE and SM said they would consider the request and revert with a proposal.</p> <ol style="list-style-type: none"> 2. The Chair confirmed that the assessment of the Committee Chairs would be initiated and completed before the July meeting. 3. There was no update on the appointment of the new Commission Members. 4. The Members considered the applications to join the FARC. The Chair disclosed a working relationship with one of the applicants, as outlined in his declaration of interest form. On that basis, he recused himself from the discussion and decision making process. PL addressed the Members on the strength of the applications received and the specific competencies required by the FARC at present point in time. He further recommended that two external members should be appointed. The recommendations were discussed and approved by the Members. <p>Decision 16 PL Proposed and JN seconded</p> <ol style="list-style-type: none"> 5. The publication of “Sharing a Vision” was discussed. The following concerns were noted – the document was very general and lacked specific detail, the absence of any detail of the funding required, the absence of any information on the staffing required and certain parts were out of date. The Members did acknowledge that there were certain positives including the sections dealing with ADHD, infants and perinatal care. <p>The Chair noted once the new Minister is appointed, the Commission will write to him / her to outline the Commission’s issues with the document and the reform of the Mental Health Act 2001. It is hoped that a meeting with the Minister could be arranged thereafter.</p>	SM
4	<p>Chief Executive and Executive Reports</p> <p><u>CE’s Report</u></p> <p>The CE expressed his appreciation for the continued work of the Commission’s staff and all mental health workers during the Covid 19 pandemic. The CE highlighted the importance of learning from and documenting the response of mental health services to Covid 19.</p> <p>There was a discussion on the use of telemedicine. The Chair and MW asserted that while the use of telemedicine was of specific benefit during the Covid 19 pandemic it is important to note that it should not be seen as the answer to staffing or resource shortages but as an addition to the existing services. NB noted that lessons need to be learned from the recent extensive use of telemedicine, she noted examples such as where service users become distressed during a call or where the call is disrupted.</p>	

¹ Key Performance Indicators

SM then addressed the Members as follows –

1. C & AG Audit - The C & AG confirmed that the AFS for 2019 could be signed off. SM noted the AFS would be brought to the FARC on 23 June for review and recommendation. It was agreed after discussion that it would be brought to the July Commission meeting for final sign off. It was further noted that this is the earliest date in which the C & AG audit of the AFS / accounts has ever been completed.
2. Impact of Covid 19 on finances - SM noted that there were increases in some areas of expenditure and reductions in other areas so overall there has been no adverse impact on the finances due to Covid 19.
3. Draft revised Business Plan and Budget for 2020 – These were revised due to Covid 19 and the final letter of allocation for 2020 from the DOH. The allocation is €14.832m, an increase of over €800,000 from the previous year, with part of it being a recurring increase. The final allocation was less than the Estimate submitted.

The Members considered the Revised Budget and SM addressed their queries. It was agreed that SM would produce an additional document showing the final outturn for 2019 as against the revised Budget for 2020.

The revised Budget and Business Plan were approved.

Decision 17

JN Proposed and MW seconded.

4. Governance Matters - AF noted that she together with OK and SM had a meeting with the DJE on the MOU discussed with the DJE at the February meeting. OK noted that the DJE asked the MHC to prepare a draft MOU as per the February meeting, which it would review.

There was a detailed discussion on the issue of the governance of the DSS. The Members stated that the ongoing lack of clarity and agreement by the respective Departments on the governance of the DSS within the MHC needed to be addressed. It was noted that the DSS is part of the MHC and not a separate legal entity with a separate board and / or governance structure.

The following was agreed –

- A position paper to be prepared for the July meeting outlining the current governance arrangements, addressing any risks for the Commission and how those risk may be addressed or mitigated.
- The Chair, and other representatives of the Commission, to raise the matter when they meet with the new Ministers.
- Defer the signing of the governance agreements [until the position paper is considered].

The Chair did emphasise the need to continue to protect the good working relationship with the DJE on the DSS project and that of the DOH in relation to the mental health functions.

5. DW gave a presentation on the MHC's Rebranding to the Commission; this included the introduction of the Commission's new logo. It is proposed that the rebranding be

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	<p>rolled out in tandem with the Commission’s new website. It was noted that the new branding would be tested with external stakeholders and service users. It was agreed to approve the rebranding subject to any changes made subsequent to its review by external stakeholders and service users.</p> <p>Decision 18 ND proposed and RM seconded.</p> <p>6. Annual Report</p> <p>The final designed report was noted. One member sought some minor amendments.</p> <p><u>RMT Report</u></p> <p>RS noted that the focus of the RMT has been on the Covid 19 risk assessments. She added that the team are now taking a more thematic approach, looking at specific areas affected by Covid 19 such as the admittance process, restrictive practices, physical health monitoring, visits and general hygiene matters.</p> <p>RS noted that a number of services have been given clearance from the Public Health Authority and have recommenced taking admissions in line with public health guidance. Aligned to this the team are working on a plan to restart inspections in approved centres by mid-July. She outlined that data gathering is being carried out in order to inform the inspection framework for when inspections are recommenced. It will incorporate the learnings from the Covid 19 response.</p> <p>RS noted that a paper is under development to identify the Covid 19 response in Mental Health Services. She highlighted the two key learnings as being the gap / lack of communication between ground level staff and the national level and the placing of patients within larger units.</p>	
5	<p><u>DSS – ICT Contract</u></p> <p>The Chair invited AF to give a presentation on the final draft DSS ICT contract. AF noted that the contract was a result of a joint effort by the DSS team with the external Project Management team, the MHC’s external legal advisors, OK and SM.</p> <p>In the presentation AF addressed –</p> <p>The overall purpose of the contract is to procure a single configurable platform with a single point of contact for delivery and service issues.</p> <p>That Codec was identified as the preferred supplier further to an open procurement process. The background to getting the contract to where it was as of June 2020 to include the advices received internally and externally.</p> <p>That the RFT and draft contract were designed to reduce risk exposure for the MHC and DJE who are providing the funding.</p> <p>The addition of the cloud based solution as part of the deployment of the system.</p> <p>An overview of the contract to include -</p> <p>The service level agreement to be entered into when the system goes live.</p> <p>The payment schedule and the protections inserted into the contract.</p> <p>The key risks and the measures taken to mitigate same were outlined.</p>	

	<p>In response to questions from the Members, AF noted that she was satisfied that the contract provides the solution required for the DSS; it is as comprehensive as possible and provides flexibility. AF highlighted the main risk is the lack of an agreed budget from the DJE and having to wait for the outcome of the estimates process each year. The DOH and the DJE are aware of the risks.</p> <p>The Members noted that the presentation was very comprehensive and that it addressed their queries. The CE noted that he had detailed communications with, sought assurances from and sign off from each of AF, OK and SM before the contract was brought to the SMT and recommended to be brought to the Commission. This will be confirmed by way of a separate Memo.</p> <p>A discussion then followed on whether the contract could be approved, given some of the issues raised with regard to the governance of the DSS. After considering all views expressed, it was agreed that the contract could be approved subject to the CE addressing certain matters.</p> <p>Decision 19 JN proposed and MW seconded.</p>	CE
6	<p>Risk Management</p> <p>SM noted that Risk Management will be considered at the next FARC meeting and a detailed update shall be provided at the July meeting.</p>	
7	<p>Committee Updates</p> <p>1. FARC – No scheduled meeting since the previous Commission meeting.</p> <p>2. Legislation Committee – No scheduled meeting since the previous Commission meeting.</p>	
Next Meeting – 16/07/2020		

ACTION LOG			
No	Action	Person Responsible	Status
1	Letter from the Chair to the new Minister for Health re Sharing a Vision and the reform of the Mental Health Act 2001.	Chair / CE	Done
2	Produce an additional document showing the final outturn for 2019 as against the revised Budget for 2020.	SM	Done
3	A position paper to be prepared for the July meeting outlining the current governance arrangements, addressing any risks for the Members and how those risk can be addressed or mitigated.	Executive	On Hold
4	Test new branding with external stakeholders and service users.	Comms	Done

5	Memo from the CE to the Commission re the DSS ICT Contract.	CE	Done
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Dated: 22nd July 2022

Signed:
By the Chair

A handwritten signature in black ink, appearing to be 'Alida', written in a cursive style.